PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

08083

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY: Howard — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City (rural) — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Old Frederick Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City, Md. Rural
STREET ADDRESS (If rural, give location): Old Frederick Road

3. NAME OF DECEASED (Type or Print): (First) Harmon (Middle) Jones (Last) Baker Sr.

4. DATE OF DEATH: (Month) 8 (Day) 30 (Year) 51 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-6-1868

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: Dairy

11. BIRTHPLACE (State or foreign country): Damascus, Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Franklin D. Baker, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 2 years

002X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
13b
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Aug, 1951, to 30 Aug, 1951, that I last saw the deceased alive on 29 Aug, 1951, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE: William B. Sweeney — (Degree or title): M.D. — ADDRESS: Ellicott City, Md — DATE SIGNED: 8/30/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 9-2-51 | NAME OF CEMETERY OR CREMATORY: Good Shepherd | LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REG.: Aug. 31, 1951 | REGISTRAR'S SIGNATURE: John B. Langhaun. Reg. B.E.L. | 24. FUNERAL DIRECTOR / ADDRESS: F.C. Higinbothom, Ellicott City, Md.

100105

RECEIVED
SEP 4 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08084

CERTIFICATE OF DEATH

Reg. Dist. No. 190

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5-713 Main St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge md
STREET ADDRESS (If rural, give location) main St

3. NAME OF DECEASED (Type or Print): (First) albert (Middle) Rodnes (Last) Boswell
4. DATE OF DEATH: (Month) 8 (Day) 30 (Year) 1951

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: august 17 1886
9. AGE last birthday: 65 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer - Steward Chester
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Elkridge, Md
12. CITIZEN OF WHAT COUNTRY? america

13. FATHER'S NAME: William Nicholas Boswell
14. MOTHER'S MAIDEN NAME: Rebecca Tilghman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 219-10-4157
17. INFORMANT AND ADDRESS: Wife Mrs albert Boswell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart failure, arteriosclerotic — Interval between onset and death: 5 yrs.

450.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d (b) Generalized arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1950, to august, 1951, that I last saw the deceased alive on 28 august, 1951, and that death occurred at 11:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
George E. Gideon main St Elkridge 30 august 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 9/1/51
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county) (State): Balto. Md.

DATE RECD BY LOCAL REG. 8/31/51
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 1217 St. Paul St.

9 DWD

MARYLAND STATE DEPARTMENT OF HEALTH

08085

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Howard — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Savage
LENGTH OF STAY (In this place): Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route 1 1 mile N. of Savage Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Florida — COUNTY: Pinellas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dunedin
STREET ADDRESS (If rural, give location): 604 Scotland St.

3. NAME OF DECEASED (Type or Print): (First) Donald (Middle) Roger (Last) Bull

4. DATE OF DEATH: (Month) 8 (Day) 27 (Year) 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Unknown

8. DATE OF BIRTH: 10-28-24

9. AGE last birthday: 26 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: W.W. Bull

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 265-20-4434

17. INFORMANT AND ADDRESS: Moss Funeral Home, Clearwater, Fla.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

816.5 **Immediate cause** (a) Fracture of skull — Interval between onset and death: Instant.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

170 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.): Highway

(CITY OR TOWN): Balto.-Wash. Blvd. near Savage (COUNTY): Howard Co. (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 27 51 8.45 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Automobile accident - other M.V.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank Shipley, M.D. (Degree or title): acting Deputy Medical Examiner for Howard Co. ADDRESS: Savage, Md. DATE SIGNED: 8/28/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-31-51 — NAME OF CEMETERY OR CREMATORY: Dunedin — LOCATION (City, town, or county) (State): Dunedin, Florida

DATE REC'D BY LOCAL REG.: 8/28/51 — REGISTRAR'S SIGNATURE: Frank Shipley

24. FUNERAL DIRECTOR — ADDRESS: E.C. Hirinbothom, Ellicott City, Md.

RECEIVED
SEP 4 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08086

CERTIFICATE OF DEATH

Reg. Dist. No. 195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Laurel — LENGTH OF STAY (In this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bryant Ave. High Ridge

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Laurel
STREET ADDRESS (If rural, give location): Gorman Bulfod Road

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) Charles (Last) Duston

4. DATE OF DEATH: (Month) Aug (Day) 2 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug 29 1871

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Truck

11. BIRTHPLACE (State or foreign country): Howard Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Silas R Duston

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Wtz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: Card lost.

17. INFORMANT: Mrs Mary Murphy (Sister) Laurel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 1 day

332 X Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

836 (b) Nasal haemorrhage — 3 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7/20, 1951, to 8/2, 1951, that I last saw the deceased alive on 8/2, 1951, and that death occurred at 9:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Robert L McCreery M.D. 402 Main St Laurel Md 8/2/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Aug 5 1951 — NAME OF CEMETERY OR CREMATORY: Emmanuel Cemetery — LOCATION (City, town, or county) (State): Guilford, Md

DATE REC'D BY LOCAL REG. Aug 4 1951 — REGISTRAR'S SIGNATURE: Frank Shipley

24. FUNERAL DIRECTOR — ADDRESS: DeWitt Donaldson Laurel Md

100105

VS. A

RECEIVED
AUG 8 1991
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08087

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Howard Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location) Montgomery Road

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) A. (Last) Dvorak

4. DATE OF DEATH (Month) Aug~~Dec.~~ (Day) 24, (Year) ~~1895~~ 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 24, 1893
9. AGE last birthday 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY McGrain & Co.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME ----------Dvorak
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214 01 2606
17. INFORMANT AND ADDRESS Mrs. Pauline Dvorak, Montgomery Rd.

18. MEDICAL CERTIFICATION Ellicott City, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	Acute
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/23, 1951, to 8/23, 1951, that I last saw the deceased alive on 8/23, 1951, and that death occurred at 8 m., from the causes and on the date stated above.

SIGNATURE Jos. A. Corcoran M.D. (Degree or title) ADDRESS Baltimore 2 Md. DATE SIGNED 8/25/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 27/51
NAME OF CEMETERY OR CREMATORY Loudon Park, 3801 Frederick Rd.
LOCATION (City, town, or county) (State) Balto. 29, Md.

DATE REC'D BY LOCAL REG. Aug. 25 1951
REGISTRAR'S SIGNATURE R W S
24. FUNERAL DIRECTOR Harry A. Meitzke
ADDRESS 4101 Edmondson Ave

390 WV

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH: COUNTY Howard; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville; LENGTH OF STAY (in this place) 68 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JANE; (Middle) L.; (Last) HALL

4. DATE OF DEATH: (Month) 8; (Day) 22; (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: Aug. 5, 1859

9. AGE last birthday: 92 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Spencerville, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Phair

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Herbert Hall, Clarksville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 **Immediate cause** (a) Acute heart failure — Interval Between Onset and Death: 24 hrs

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heartdisease — 15 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1946 to Aug. 22, 1951, that I last saw the deceased alive on Aug. 22, 1951, and that death occurred at 6:20p m., from the causes and on the date stated above.

SIGNATURE: Charles S. Whitelaw, M.D. (Degree or title) ADDRESS: Clarksville, Md. DATE SIGNED: 8/23/51

23. BURIAL, CREMATION, REMOVAL (Specify): burial; DATE THEREOF: 8/25/51; NAME OF CEMETERY OR CREMATORY: Mt. Zion; LOCATION (City, town, or county) (State): Highland, Md.

DATE REC'D BY LOCAL REG. 8/24/51; REGISTRAR'S SIGNATURE: Marie A. Whitelaw

24. FUNERAL DIRECTOR: Dewitt Donaldson, ADDRESS: Laurel, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

Items 10a, 11, 13, 14, 17 Filed 9/21/51 ww

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 194

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Howard; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: near Fulton; LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fulton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) L (Last) Howell

4. DATE OF DEATH: (Month) 8-25-51 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-18-1891

9. AGE last birthday: 59 yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wet plate printer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Adam Howell

14. MOTHER'S MAIDEN NAME: Fannie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mary Howell - wife

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary artery occlusion — Interval between onset and death: instantly

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

74 a (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Highway

(CITY OR TOWN): Fulton (COUNTY): Howard (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? (after death occurred) Light Truck skidded and turned over

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒; thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles S. Whitaker M.D. Clarksville, Md. Aug. 26, 1951

23. BURIAL, CREMATION REMOVAL (Specify): buried

DATE THEREOF: 8-29-51

NAME OF CEMETERY OR CREMATORY: Colmar Manor

LOCATION (City, town, or county) (State): Prince Georges Co, Md

DATE REC'D BY LOCAL REG. 8-29-51

REGISTRAR'S SIGNATURE: M. A. Whitaker

24. FUNERAL DIRECTOR ADDRESS: F. C. Higginbotham, Takoma Park, Md

690 4459

VS AI5A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 19-17

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Howard; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City; LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City

STREET ADDRESS (If rural, give location): Frederick Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles	Howard	Keller	Aug. 3, 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	12-2-1879	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired (clark)

10b. KIND OF BUSINESS OR INDUSTRY: R.R. Co.

11. BIRTHPLACE (State or foreign country): Ellicott City, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles H. Keller

14. MOTHER'S MAIDEN NAME: Susan Mackenzie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-03-8033

17. INFORMANT AND ADDRESS: Mary Keller, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	Acute
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic CV Disease	10 yrs
	(c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: | (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1951, to Aug. 3, 1951, that I last saw the deceased alive on Aug. 3, 1951, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jas. A. Kortheuer, M.D. ADDRESS: Ellicott City DATE SIGNED: 8/3/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-6-51	St. Johns	Ellicott City, Md.

DATE REC'D BY LOCAL REG.: 8-6-51 | REGISTRAR'S SIGNATURE: John B. Loughran, Reg. B.E.L. | 24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md

30.501

RECEIVED
AUG 13 1951
BUREAU W

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

18091

CERTIFICATE OF DEATH

Reg. Dist. No. 193

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15

1. PLACE OF DEATH
COUNTY Howard Co MD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Lisbon Md — LENGTH OF STAY (In this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Lisbon MD
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) (Last) Linthicum

4. DATE OF DEATH: (Month) Aug (Day) 31 (Year) 1951

5. SEX: FEMALE — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single — 8. DATE OF BIRTH: JULY 9 1856 — 9. AGE last birthday: 95 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none — 10b. KIND OF BUSINESS OR INDUSTRY: none — 11. BIRTHPLACE (State or foreign country): Howard Co MD. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lloyd W Griffith — 14. MOTHER'S MAIDEN NAME: May Ellen Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Cora Griffith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Uremia	2 yrs
446X Antecedent cause(s)	(b) Chronic Interstitial Nephritis	7 Yrs
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Advanced Arterio-sclerosis	? yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1943, to Aug 31, 1951, that I last saw the deceased alive on Aug. 30, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Stanley Grabill M.D. Mt. Airy, Md. 9/1/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Sept 3 1951 — NAME OF CEMETERY OR CREMATORY: Oak Grove — LOCATION (City, town, or county) (State): Howard Co Md

DATE REC'D BY LOCAL REG. 9-2-51. — REGISTRAR'S SIGNATURE: E. Pearl Mench. — 24. FUNERAL DIRECTOR — ADDRESS: Roy W Barber Ellicott City Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Howard — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Ellicott City
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Ellicott City, Md.
STREET ADDRESS (If rural, give location): Frederick Road

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) FREDERICK (Last) RODGERS
4. DATE OF DEATH (Month) (Day) (Year): Aug. 27th., 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3/7/99
9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): District Manager
10b. KIND OF BUSINESS OR INDUSTRY: General Electric Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Walter C. Rodgers Sr.
14. MOTHER'S MAIDEN NAME: Barbara Buechter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): — —
16. SOCIAL SECURITY NO.: 042 - 03 - 0519
17. INFORMANT AND ADDRESS: Mrs Corinne Rodgers Frederick Road Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive cardiovascular disease with chronic heart failure — 3 yrs +

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 19 51, to 27 aug, 19 51, that I last saw the deceased alive on 25 aug, 19 51, and that death occurred at 6:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John A Herbst Jr. — ADDRESS: 20 E. Preston St, Baltimore 2, Md — DATE SIGNED: 29 Aug 51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 8/30/51 — NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Aug. 29, 1951 — REGISTRAR'S SIGNATURE: John B. Langhaar. — 24. FUNERAL DIRECTOR: Easton Sons — ADDRESS: Ellicott City, Md.

/ Pen. B. E. L.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08093

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AR

1. PLACE OF DEATH: COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (rural) Jessup
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Guilford Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (rural) Jessup
STREET ADDRESS (If rural, give location): Guilford Road

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) LOUIS (Last) SNYDER

4. DATE OF DEATH: (Month) Aug. 10th., (Day) (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 11, 1865

9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James L. Snyder

14. MOTHER'S MAIDEN NAME: Mary Ellen Wallich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mr. Russell Snyder Jessup, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ac. Congestive Heart Failure 2 Pulmonary Oedema — Interval between onset and death: 2 4hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Myocarditis — 1 yr.

422.2 93d (c) Senility — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 30th, 1951, to Aug. 10th, 1951, that I last saw the deceased alive on Aug. 10, 1951, and that death occurred at 12 20 a. m., from the causes and on the date stated above.

SIGNATURE: Frank Shipley (Degree or title) M.D. ADDRESS: Savage, Md. DATE SIGNED: 8/12/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 8/13/51 | NAME OF CEMETERY OR CREMATORY: Christ Church Cemetery | LOCATION (City, town, or county) (State): Guilford, Md.

DATE REC'D BY LOCAL REG. 8/12/51 | REGISTRAR'S SIGNATURE: Frank Shipley, | 24. FUNERAL DIRECTOR: Easton Sons ADDRESS: Ellicott City, Md.

10 0105

RECEIVED
AUG 20 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08094

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 194

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Howard; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Simpsonville; LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Simpsonville; STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Lee (Last) Williams

4. DATE OF DEATH: (Month) (Day) (Year) 8-22-51 19

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-8-1853

9. AGE last birthday: 98 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Day

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alexander Williams

14. MOTHER'S MAIDEN NAME: Mary Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Florence Moore, Simpsonville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) nephrosclerosis	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus (mild) — 20 yrs

4460 260X 61

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1951, to Aug 22, 1951, that I last saw the deceased alive on Aug 21, 1951, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

SIGNATURE: Charles S. Whitaker, M.D. (Degree or title) ADDRESS: Clarksville, Md. DATE SIGNED: 8/24/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8-25-51

NAME OF CEMETERY OR CREMATORY: Locust Chapel

LOCATION (City, town, or county) (State): Simpsonville, Md.

DATE REC'D BY LOCAL REG.: 8-24-51

REGISTRAR'S SIGNATURE: Marie G. Whitaker

24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md.

970 000

RECEIVED
AUG 27 1951
BUREAU V. S.